## 

## HEALTH DECLARATION FORM

As one of the preventive measures against the CORONAVIRUS (Covid-19), you are required to make self-declaration of health status and travel history by completing all the information required in Part A and answering questionnaires in Part B:

**PART A**

**(General)**

1. Full name: ………………………………………………………………………………………………...
2. Gender: Male Female
3. Age: ………………………………………… 4. Identity Card No: …………………………………………….
4. Passport Number: ………………………… 6. Nationality: ….……….......................................................
5. Purpose of Visit: …………………………… 8. Company / Vessel: …………………….............................
6. Designation: ………………………………... 9. Tel No: ………………………………………………….........

**PART B**

**(Questionnaire)**

1. Have you been to any area or countries of COVID-19 as indicated by Ministry of Health, Malaysia or WHO over the past 14 days?

Yes  No 

1. Date of departure from the said area or countries: ……………………………………......
2. Have you had any of the following symptoms over the past 14 days?

Yes No

High fever (more than 37.5°C)  

Cough  

Difficulties in breathing  

Sore throat  

Others (please specify): …………………………….  

1. Have you been in closed contact with person suspected to have COVID-19?

Yes  No 

1. Any other health problem?

Yes  No 

If yes, please specify: …………………………………………………………………

If the answer is yes to either of the question above, please report to the Health Screening Area

Signature: ………………………… Date: ………………………………...

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Checked by HSSE Personnel:

Name: ……………………………………………… Signature: ……………………………………………...

Designation: ………………………………………. Cleared for entry: Yes  No 

Remarks: …………………………………………………………………………………………………………………….

*Notes:*

1. *Kindly visit Ministry of Health, Malaysia or WHO website to get details for area or countries of COVID-19.*
2. *This Health Declaration Form is prepared based on Ministry of Health Malaysia guidelines.*